

## Apple Patient Evaluation

1- This cervix (star) is discovered at 20 wks preg. best ttt is ectopy.

- a- Cryo-coagulation
- b- Laser coagulation
- c- Diathermy
- d- Cone biopsy
- e- None of the above

(Just Follow up dt Normal Finding as it's dt hyperhormonal state) - if suspect papsmear + Colposcope.

2- That condition in the cervix, the true statement is

- a- Normally found in pregnancy
- b- Leads to lumbar backache
- c- Should be biopsied
- d- Best treated by cone biopsy
- e- May lead to infertility

(ectopy)

Just mild leucorrhea.

if Nabothian Follicle (chronic cervicitis) → Infertility Cholesterol

3- Contraindication of that imaging study (star) don't include →

- a- Suspected blockage of Fallopian tubes
- b- Suspected acute PID → flare up of infection
- c- Suspected intrauterine pregnancy (colo post-menstrual)
- d- Premenstrual phase as may pregnancy.
- e- During active bleeding from the uterus

acquired endometritis و التهاب بطانة الرحم

4- DES may lead to all the following except

- a- Patulous internal os (abortion)
- b- T-shaped uterus
- c- Ectopic pregnancy → diverticular hypoplasia in tube
- d- Vaginal adenosis
- e- Septate uterus

5- All the following regarding this test are true except (pap smear)

- a- Should be repeated in high risk population yearly while Low risk every 3y
- b- Suspicious results should be confirmed by colposcopy
- c- Smear is only taken from the ectocervix / post Fornix endocervix
- d- Is to be done for postcoital bleeding suspect CIN by cytobrush.
- e- Suspicious specimen is related to HPV 16, 18

6- The incorrect statement regarding that microscope study:

- a- It helps to study the hormonal pattern. sup → E / int → pro.
- b- It can detect subclinical infection.
- c- It may detect malignant endometrial cells.
- d- The normal cyclical pattern consists of 5 phases. (3 phase)
- e- The estrogenic phase shows mature superficial cells.

Smear From Vagina CxPiliated cytology

1. Follicular  
2. Antral  
3. LH



7- The result of this test have shown dysplastic cells occupying the deep 1/3 of the epithelium. What is your diagnosis Papanicolaou's

- a- CIN 1  $\Rightarrow$  deep  $\frac{1}{3}$
- b- CIN 2  $\Rightarrow$  deep  $\frac{2}{3}$
- c- CIN 3  $\Rightarrow$  superficial
- d- CIN 4

8- This stain is done for all of these except Papanicolaou's

- a- Sexually active female with HPV 6, 11
- b- Sexually active female with HPV 16, 18
- c- Sexually active female esp smokers
- d- After subtotal hysterectomy
- e- Routinely in pregnancy

infection  
+ malignancy  
 $\Downarrow$   
منطقة العنق

9- Which is not associating such organism (black arrow) (Yeast)

- a- Vulval itching (Severe)
- b- Redness of the vulva
- c- Odorless discharge
- d- Strawberry vaginal walls  $\Rightarrow$  trichomonas
- e- Dyspareunia

10- Which is the incorrect statement for that organism (star) Trichomonas

- a- It may be discovered in the vaginal fluid of asymptomatic women Vaginitis
- b- It flourish with increased vaginal acidity alkaline
- c- Usually associated with malodorous discharge
- d- May be associated with dysuria
- e- Vaginal discharge is typically frothy

$\Downarrow$   
present Normal  
but lact. present  
appear.

11- The incorrect statement regarding that test Schiller iodine

- a- Normally the epith of ectocx stains brown
- b- Vag wall stains brown during child bearing period
- c- Areas of columnar metaplasia don't stain brown
- d- Areas that don't stain brown are definitely malignant
- e- It is complementary test during colposcopy

may ectropia, cervicitis

12- All about this figure is true except Fern test

- a- It is seen at midcycle (at time of ovulation)
- b- Indicates estrogenic effect
- c- Positive in PCO at day 21 of cycle (estrogen) present
- d- Turns -ve at day (18) of cycle
- e- Indicates viscid mucoid cervix watery



13- This pathology seen by hysteroscope mostly present by: regular polyp.

- a- Intermenstrual bleeding.
- b- Postcoital bleeding. (cervix)
- c- Postmenopausal bleeding.
- d- Deep dyspareunia.  $\rightarrow$  في الحجاب (ق) تدركه  $\rightarrow$  douglas
- e- Menorrhagia.  $\rightarrow$  surface area pelvic congest

14- Causes of such condition (arrow) do not include: Ashermann's (Thyroid cyst)

- a- Fibroid uterus.
- b- Previous endometrial curettage. esp if take basal layer.
- c- Previous manual removal of placenta.
- d- Previous septic abortion  $\rightarrow$  suppurative sepsis (No menses).
- e- Endometrial T.B. generalized debility  $\rightarrow$  amenorrhea.

15- This pathology is seen by hysteroscopy, the following should be done, except:

- a- Adhesiolysis via hysteroscopy  $\rightarrow$  diag Therap
- b- Insertion of a balloon (Foley Catheter 10 mL)
- c- Giving steroids
- d- Giving progesterone  $\rightarrow$  atrophy to endometrium
- e- Giving cyclic estrogen & progesterone  $\rightarrow$  induce endometrium formed

16- This condition leads to all of these except:

- a- Recurrent breech presentation
- b- Habitual abortion
- c- Placenta accreta
- d- Ectopic pregnancy  $\rightarrow$  Twins
- e- Menorrhagia (coluble surface).

## General Gynecology

1- All are true about such condition, except imperforate hymen

- a- Pelviabdominal swelling is mainly uterine (hematocolpos) Vagina
- b- Presents as 1<sup>st</sup> amenorrhea
- c- The commonest presentation is by retention of urine
- d- May lead to infertility if ttt is delayed  $\rightarrow$  case is emergency condition
- e- Needs surgical intervention X shape

2- All are true about this condition except bicornuate uterus

- a- May be associated with vaginal septum (Failure of recanalization)
- b- May be associated with horse shoe kidney (30%)
- c- Spasmodic dysmenorrhea could occur due to muscular dysgermated.
- d- Presents by 1<sup>st</sup> amenorrhea  $\rightarrow$  amenorrhea
- e- Presents by habitual abortion



Subseptate

3- This is a HSG done after 3 consecutive abortions at (16, 19, 26) wks. Which is not a possible association? (ascending manner)

- a- Recurrent breech
- b- PTL
- c- Absent left kidney (30%)
- d- Menorrhagia ↑ surface area.
- e- Normal pregnancy & normal labor

(Uni cornuate uterus)

فقط الـ 3  
except: menorrhagia

4- This patient is likely to have the following complaints except

- a- Dyspareunia
- b- Painful defecation
- c- Mucopurulent vaginal discharge (do mucoid discharge Not mucopurulent)
- d- Severe dysmenorrhea
- e- Infertility

Chocolate Cyst in endometrium

5- The etiology of such condition doesn't include [Endometriosis]

- a- Transformation of the coelomic epith (major metaplastic theory)
- b- Direct invasion of the uterine serosa into the coelomic cavity (only in cancer)
- c- Retrograde menstrual flow (Sampson's)
- d- Retrograde lymphatic spread (Halban)
- e- Retrograde vascular spread

6- Which physical sign is not consistent with that diagnosis:

- a- Fixed retroversion of the uterus.
- b- Tender pelvic masses.
- c- Adnexal enlargement.
- d- Cul-de-sac nodules.
- e- Omental nodules (cancer ovary).

powder burn  
Patches in endometriosis.

7- The major complaint of this patient (arrow) is

- a- Infertility & dysmenorrhea
- b- Menorrhagia & dysmenorrhea
- c- Pressure symptoms
- d- Pelviabdominal mass
- e- Menouria (youself) Pstula in bladder

adenomyosis (diffuse)

mainly presentation bleeding

8- A surgical procedure is being performed for repair of second degree perineal tear. The arrow indicates a structure called

- a- Bulbo-spongiosus
- b- Ischio-cavernosus
- c- Perineal body
- d- Transverse perineal ms
- e- None of the above



9- The correct statement for the perineal tear:

also rectal mucosa

- a- The vulva, vagina, external anal sphincter are the only involved structures.
- b- Chorioamnionitis is a leading cause.
- ✓ c- Clinical examination shows 2 dimples at the sides of the anus. *ext. anal sphincter (الانقباض)*
- d- Anal tone is preserved if the patient constricts herself.
- e- Surgical repair is to be done immediately, if discovered within the 1st wk of delivery.

10- All the following statements about such trauma are true except

- a- May be associated with diabetic mother *↳ maculopathy*
- b- High forceps may lead to it *CI*
- c- Surgical repair is done layer by layer *anatomical repair*.
- d- Intercourse is avoided for 2-3 years *ms*
- e- May be corrected under regional anesthesia *Spinal/epidural*

11- Such a condition (arrow) may be associated with, except *ectropion*

- a- Obstructed labor
- b- Left occipito-anterior position *Normal*
- c- Forceps
- d- Precipitate labor
- e- Ureteric injury

12- This condition may be associated with all the following except:

- a- Amenorrhea *(psychological) (2ry)*
- b- UTI
- c- Menorrhea *only between uterus and bladder.*
- d- Pruritis
- e- Paradoxical incontinence

*Vesico-Vaginal Fistula*

13- All the following may lead to such condition except.

- a- Mid-forceps
- b- Obstructed labor *(سليم) => immediate*
- c- Vaginal hysterectomy
- d- Bladder stones
- e- Bladder cancer

14- This (26) yr old patient have been presented with (true) urinary incontinence. On examination a probe is passed through the urethra into an abnormal tract in the vagina. Which is the incorrect statement regarding such a case *Fistula*.

- a- Non-surgical ttt is usually effective
- b- Urinary incontinence is not related to stress
- c- Urinary incontinence is continuous day & night *(true) (urinary)*
- d- Patient don't have any desire to micturate *true into vagina*
- e- The condition is commonly associated with 2<sup>ry</sup> amenorrhea



## 🍏 Vulva & Vagina

### 1- Regarding this swelling Bartholin's cyst

- a- It is the commonest cyst in the vulva
- b- It is present in the anterior part of labium majus *post  $\frac{1}{3}$*
- c- Is mainly caused by diethyl stilbesterol
- d- Should be excised if the patient is above 30 years *>55y  $\Rightarrow$  suspect hidden adenocarcinoma*
- e- The main symptom is throbbing pain

### 2- Regarding this swelling, all are true except Bartholin abscess

- a- The causative organism is mainly E-coli
- b- Leads to throbbing pain
- c- Should be drained
- d- Is associated with pruritus vulvae
- e- May occur due to gonorrhea  *$\Delta$  Bartholin gland is paraurethral gland*

### 3- All the following about this lesion is true except Condyloma acuminata

- a- Caused by gonorrhea
- b- Caused by HPV 6,11
- c- May occur in the cervix *(Flat)*
- d- May be treated by chemical cautery *trichloroacetic acid*
- e- May be associated with CIN *16,18 HPV*

### 4- Which is the correct statement for cervical ectopy *the regular*

- a- It is an ulcer of the ectocervix
- b- During pregnancy is best treated by conization
- c- Cauterization should be the first line therapy
- d- Pap smear is advisable before therapy
- e- Commonly it causes pain, dyspareunia and backache

### 5- Causes of that condition doesn't include (ectopy)

- a- Normal pregnancy
- b- COC
- c- Lactation
- d- Acute cervicitis  $\rightarrow$  *pathological*
- e- Carcinoma of cervix

### 6- Such polyps, all are true except cervical polyp

- a- Are commonly due to chronic cervicitis  $\Rightarrow$  *mucous polyp*
- b- May be due to fibroid
- c- May be due to HPV
- d- Are usually malignant *(may be), ple - Cancerous*
- e- May be caused by tuberculosis



## Uterus

1- Endometrial hyperplasia could be expected in the following conditions:

- a- Endodermal sinus tumor.  $\alpha$  Feto protein.
- b- Cystic teratoma.
- c- PCO
- d- Sertoli-Leydig cell tumor.
- e- Dysgerminoma.

back  
to back  
appearance

2- Complex Endometrial hyperplasia without atypia in a woman aged 41 yrs could be treated by the following except:

- a- Progestins.
- b- Steroids
- c- Endometrial curettage
- d- COC
- e- Hysterectomy.

b

in hyper  
hormonal  
state

3- Arias-Stella reaction may be found with the following except:

- a- Normal pregnancy.
- b- Ectopic pregnancy. 10-15%
- c- Endometriosis.
- d- PID.
- e- Abortion.

d

4- All the following about uterine fibroids are true except:

- a- They are estrogen dependent.
- b- Asymptomatic cases are common. 0.5
- c- Completely benign and sarcomatous changes never develop.
- d- Shrink in size in response to treatment with LHRH agonists. (3-6 m)
- e- May be managed conservatively.  $C_m$  Symptom sign (ملاحظة)

c

5- Medical treatment of fibroid might include all the following except:

- a- Large doses of progesterone.
- b- Tamoxifen. (antiest)
- c- Danazol.
- d- LH-RH analogues.
- e- Recombinant FSH  $\Rightarrow$  induction For ovulation

e

6- Which is the incorrect statement about such benign tumors of the uterus

- a- They are estrogen dependent.
- b- Asymptomatic cases are common.
- c- They are completely benign & malignancy never develop
- d- They shrink in size in response to treatment with LHRH AGONISTS.
- e- They may be managed conservatively.



## Infections

1- This discharge is associated with, except: *Candidia*

- a- Acidic pH
- b- COC
- c- Severe soreness in the vulva
- d- Good response to metronidazole
- e- Bleeding spots after scrapping

2- This discharge is associated with, except *Candidia*

- a- Typically occurs postmenstrual *→ trichomonos*
- b- May be associated with malodor
- c- Vagina is strawberry
- d- Cultured on Sabaroud's medium %
- e- Its organism may be seen in normal females

3- The arrow shows a condition associated with *Bact. vaginosis*

- a- Normal vagina
- b- Pruritus & dyspareunia in most cases
- c- Responds well to miconazole *⇒ response flagylol/inclamycin*
- d- Alkaline vaginal pH
- e- Odorless discharge

4- This gross pathology (arrow) seen by colposcopy is associated with, except

- a- Recurrent lower abdominal pain & discharge *(Cervitis)*
- b- Infertility
- c- Ectopic pregnancy
- d- Chlamydia & gonorrhea *Δ*
- e- HPV 6,11 *⇒ Flat condyloma on CX*

5- All the following about this slide is true, except

- a- Tubes are better removed in infertile patients
- b- IUCD must be removed before treatment
- c- Suspected more with chlamydial infection (Now)
- d- Leads to habitual abortion
- e- Leads to ectopic pregnancy

*hydroSalpinx  
نتيجة التهابات  
outcome*

*old  
gonorrhea*

*→ Tube*

6- A 29 yr old patient complaining of 2ry infertility for 4 years. Diagnostic laparoscopy was done with injection of methylene blue. This result indicates which of the following

- a- Para-ovarian cyst
- b- Healthy tube
- c- Leakage of the dye
- d- Fimbrial spillage of the dye
- e- Fimbrial block



**7- That patient noticed mild lower abdominal pain, vaginal discharge & deep dyspareunia. LMP was 2 wks previously. The uterus is anteverted normal size & the RT adenexa was tender. Treatment consists of:**

- a- Removal of the IUD & insertion of new one.
- b- Antibiotics & keep IUD in place.
- c- Removal of the IUD & broad spectrum antibiotics.
- d- Reassurance.
- e- Transvaginal U/S.

**8- As regards Herpes simplex, all Tru-Exc::**

- a- Type 1 can invade the genital tract. (20%)
- b- In 1ry forms, the leading complaint is agonizing pain.
- c- The recurrent attacks tend to be less severe than the primary attack.
- d- Severe dysuria with even retention of urine may occur in 1ry forms.
- e- Suppression with acyclovir doesn't decrease the number of recurrent attacks.

**9- The correct statement for human papilloma virus: Condyloma**

- a- It is rare type of STD.
- b- It is classified into subtypes according to types of antibodies.
- c- Has a questionable role in development of CIN. *definitive role*
- d- Koilocytic atypia is the main feature in the cytological study.
- e- The most effective therapy is acyclovir. *→ Colovir*  
*→ trichloroacetic*

### ProLapse

**1- Pdf of such condition include all the following except** *Cystocele*

- a- Congenital weakness of supporting ligaments
- b- Postmenopausal atrophy
- c- Injury during childbirth = *obst Labor*
- d- Cervical polyps
- e- Ovarian tumors *uterine tumor*

**2- Which is the correct statement for this condition?** *rectocele*

- a- Usually associated with acute local pain
- b- More common in nulliparas
- c- Not related to instrumental delivery
- d- Not related to postmenopausal changes
- e- May include sacral backache

**3- The incorrect statement regarding 2<sup>nd</sup> degree uterine prolapse:**

- a- Is diagnosed when the cervix protrudes through the vulval orifice.
- b- Is also known as complete procidentia.
- c- Causes sacral backache.
- d- May precede vaginal wall prolapse.
- e- May be associated with menorrhagia.



**4- As regards cystocele the followings are true except:**

- a- It is prolapse of the bladder in upper part of anterior vaginal wall.
- b- Menopause is a risk factor for the development of cystocele.
- c- It is the main cause of stress urinary incontinence. *Association Not Cause*
- d- It may lead to UTI.
- e- It is uncommon in nulliparous women.

**5- The incorrect statement for cystocele:**

- a- It is usually associated with stress incontinence.
- b- Contains the base of the urinary bladder.
- c- As the early stages might present with frequency of micturition.
- d- It is treated by anterior colporrhaphy operation.
- e- Is best treated with ring pessary.

**6- The true statement about retroversion of the uterus is that it:**

- a- Occurs in 20% of normal women.
- b- It is a common cause of infertility.
- c- Should be corrected with a Hodge pessary in early pregnancy. *لا يبرر*
- d- May be corrected by a fothergill operation. *لا يبرر*
- e- Is caused by heavy lifting.

**Contraception**

**1- Disadvantages of this method include the followings except:** *vag. diaphragm*

- a- Not effective as other methods.
- b- Some couples find difficulty to use them consistently & correctly
- c- May lead to local sensitivity reactions
- d- Don't interrupt the natural phases of sexual activity.
- e- Need proper storage to maintain the quality of the product.

**2- This IUCD (arrow) don't:**

- a- Increase prostaglandin production.
- b- Increase leukocyte endometrial infiltration.
- c- Inhibit sperm motility.
- d- Interfere with steroidogenesis.
- e- Inhibit implantation of fertilized ovum.

**3- Mechanism of action of copper IUCD includes:**

- a- Tubal block.
- b- Inhibition of ovulation.
- c- Increased tubal motility.
- d- Cervical mucus hostile to the sperms.
- e- Mechanical inflammatory reaction of the endometrium.



4- All the following are health benefits of COC except:

- a- Endometrial carcinoma protection.
- b- Protection against surface ovarian tumors.
- c- Treatment of benign breast lesions.
- d- Protection against cervical cancer.
- e- Decrease amount of menstrual flow.

الذي يكون  
الوقت

5- Absolute contraindications of COCs include the following except:

- a- History of DVT, P. embolus, cerebral hemorrhage, coronary artery disease.
- b- Markedly impaired liver function.
- c- Estrogen-dependant malignant tumor: breast & uterus.
- d- History of cholestasis during pregnancy.
- e- Diabetes or history of gestational diabetes.

6- The correct statement regarding Norplant:

- a- The main mechanism of action is on the ovulatory function.
- b- It contains estrogen.
- c- It is composed of progestins, levonorgestrel.
- d- It is irreversible contraceptive.
- e- Non serious side effects are rare.

## Infertility

1- Regarding this test all are true except Spinnbarked

- a- It may reach up to 15 cm
- b- It turns -ve 3 days after ovulation in Mullerian agenesis
- c- +ve test means water cervical mucous
- d- +ve test depends on estrogen
- e- +ve test means ovulation

2- All the following is true regarding IVF & ET except

- a- Down regulation is done by gonadotrophins Gn RH Continuous manner.
- b- Ovarian stimulation may be done by Gn RH
- c- More than one embryo is transferred at a time
- d- Success rate is inversely proportional to age
- e- May be done in bilateral cornual block

3- Regarding that procedure, all are true except Intrauterine insemination

- a- Indicated in oligospermia
- b- Indicated in cervical hostility CX
- c- Done postmenstrual
- d- Better results with clomid
- e- Results are inferior to IVF & ET



## 🍏 Reproductive Endocrinology

**1- Which is the incorrect statement regarding that syndrome** Turner \$

- a- It is associated with gonadal failure
- b- There is no secondary sexual ccc
- c- The total number of chromosomes is 45
- d- Estrogen replacement therapy may be used
- e- The ovaries may be polycystic (No Follicles)

**2- Which is the incorrect statement regarding that syndrome**

- a- Patients are infertile (No uterus)
- b- Gonadectomy must be done
- c- Dyspareunia may be treated surgically
- d- They have biphasic estrogen pattern
- e- They have male testosterone level

androgen  
insensitive  
\$

**3- All these statements about this syndrome is correct except** PCO

- a- Usually occurs in obese patients
- b- Is associated with insulin resistance
- c- Follicles are mainly seen subcapsular
- d- FSH / LH ratio is 3:1
- e- May lead to habitual abortion (alt Androgen)

**4- Which is the incorrect statement for that medicine:**

- a- It is given subcutaneous
- b- It is indicated in endometriosis
- c- It is indicated in metropathia haemorrhagica
- d- It is given every 6 months (28 day)
- e- It leads to osteoporosis after 6 months

Zoladex  
(GnRH)  
continuous  
manner

**1- These changes may be seen < 40 years in**

- a- Autoimmune disease as thyroiditis
- b- Use of COC for long time
- c- Benign ovarian tumors
- d- Klinefelter syndrome
- e- Testicular feminization syndrome

**2- The incorrect statement about such change**

- a- It is unavoidable
- b- It is related to heavy smoking
- c- It is related to dietary habits
- d- It is related to menopause
- e- It occurs in men as well as women

osteoporosis

**3- as regards osteoporosis, the following are true except**

- a- There is increased osteoclastic activity
- b- May be prevented by estrogen therapy
- c- Occurs more commonly in Turner syndrome (No hormones)
- d- Diagnosed mainly by determining serum Ca level (DXCa)
- e- Bi-phosphonates are the most effective bone building drugs



## 🍏 Normal Pregnancy

**1- The sperm penetrates the zona pellucida by the action of**

- a- Zona protein
- b- Hyalourinidase in the acrosomal cap
- c- Elastase & proteinase
- d- Mechanical movement of the sperms
- e- None of the above

**2- Which event happens at that stage of development of that microscopic structure** *blastocyst*

- a- Implantation to the decidua
- b- Development of the vital fetal organs
- c- Formation of the placenta
- d- Differentiation of the chorion into two layers
- e- Formation of the amniotic fluid

**3- That type of abnormal placenta could be associated with** *Succenturiate*

- a- APHge
- b- Polyhydramnios
- c- Postterm delivery
- d- PPHge
- e- IUGR

**4- Such a patient is associated with** *circumvallate placenta - EXCEPT*

- a- Accidental lie
- b- Placenta previa
- c- PTL
- d- IUGR
- e- PPHge

**5- Finding no lines after using this test means** *urine preg Test*

- a- No pregnancy
- b- Positive pregnancy test
- c- Spoiled test
- d- Test must be repeated after one week
- e- None of the above

**6- Type II deceleration means**

- a- Fetal head compression
- b- Fetal hypoxia
- c- Umbilical cord compression
- d- Clear liquor
- e- Precipitate labor

**7- Variable decelerations of the FHR are usually due to**

- a- Fetal head compression
- b- Uteroplacental insufficiency
- c- Fetal metabolic acidosis
- d- Umbilical cord compression
- e- Severe preeclampsia



## 🍏 Obstetric complication

### 1- The correct statement regarding prophylaxis against RH sensitization:

- a- Anti-D is not required if the mother is group O & the baby is group B.
- b- The Kleihauer test is not accurate & no longer performed.
- c- Prophylaxis is unnecessary in ectopic pregnancy.
- d- Routine anti-D during pregnancy is recommended at 20 wks gestation.
- e- Postnatal anti-D is not necessary if the neonate is RH negative.

### 2- The correct statement regarding Kleihauer test:

- a- May be used to confirm the presence of RH antibodies.
- b- Should be performed routinely at 28&36wks in woman who is RH (-ve).
- c- Is based on the relative resistance of fetal Hb to denaturation using UV light.
- d- Is no longer required after delivery in the RH (-ve) women.
- e- It is most beneficial if excess fetomaternal hemorrhage is suspected.

### 3- Nitrazine test on fluid collected from the vagina at (32) wks showed a blue color. What is the possible significance of results

- a- Normal vaginal discharge
- b- Fungal infection
- c- PROM
- d- Urinary incontinence
- e- None of the above

## 🍏 Obstetric complication

### 1- Delivery of such infant may lead to all the following except macrosomia

- a- Shoulder dystocia
- b- Increased rate of C. section
- c- Cervical dystocia
- d- Atonic PPhge
- e- Perineal tear

### 2- All the following lead to such condition except intense itching + jaundice

- a- Hyperemesis gravidarum c/dehydration → ↓ flow
- b- Rh isoimmunization with pregnancy
- c- Preeclampsia
- d- Cholestasis with pregnancy
- e- Acute viral hepatitis with pregnancy

### 3- Which is not a risk factor for postpartum genital tract infection with that organism E-Coli

- a- Numerous vaginal examination
- b- Bacterial vaginosis
- c- Prolonged labor
- d- Prolonged ROM
- e- Precipitous labor



# **Anatomy & Embryology**

Sperm Coagulant 20

## **1-1 The incorrect statement regarding the normal vagina**

- a- The post fornix is more deep than the anterior fornix منطقة
- b- The vagina relates anteriorly to the lower 1/3 of urethra
- c- It is lined by str. sq. epith in the prepubertal period in utero → Columnar
- d- Rectum is related to its posterior 1/3
- e- Lateral fornix is related to the ureter uterine Δ. because metaplasia

## **1-2 Regarding the yellow area, (All-Exc):**

- a- Is called the urogenital triangle Δ
- b- Is important to calculate Thom's rule in labor post Δ
- c- Remnants of hymen are called caranuculae myritiformis (deflorated of hymen)
- d- Posterior fourchete is lost after defloration → as axo direction of penis
- e- Both labia minora and majora have sweat glands has No Sweat gland

## **1-3 All the following about the arrow, (All-Exc): (clitoris)**

- a- Is developed from genital tubercle
- b- Is homologous to penis in male
- c- Both bulbo-spongiosus and ischio-cavernosus is inserted
- d- Both corpora cavernosa and corpora spongiosum are present
- e- Is 2-3 cm long

## **2-1 Regarding the arrow, (All-Exc): Bartholin gland**

- a- Bartholin cyst is the commonest cyst of the vulva
- b- It could be infected by gonorrhea Bartholin gland & Skene's gland & endo
- c- Duct cyst is more common than gland cyst duct cyst → Transitional epi
- d- Is normally felt in the lower 1/3 (Not felt) but present in lower 1/3
- e- Develops from the urogenital sinus Lower 1/5 of vagina

## **2-2 Bartholin abscess present with a variety of symptoms except**

- a- Impairment of ability to walk
- b- Dysparuenia
- c- Local throbbing pain Cellulitis then abscess
- d- Purulent discharge
- e- Pruritis vulvae

## **2-3 All the following about Bartholin gland are correct except**

- a- Are remnants of mesonephric ducts (urogenital sinus)
- b- Can commonly be infected by E-coli gonorrhea
- c- Excision of the cyst is more wise in old age
- d- Marsipulization is better done in young age
- e- Its duct open at 5 & 7 o'clock



**3-1 All these structures share in the formation of perineal body except**

- a- Levator ani
- b- Transverse perineal ms
- c- Bulbo-spongiosus
- d- Ischio-cavernosus
- e- Anal sphincter

d

**3-2 Regarding the bulb of vestibule except**

(b)

- a- Is continuous above with the clitoris
- b- Bartholin glands lie superficial to its lower 1/3 deep.
- c- They lie deep to the bulbospongiosus
- d- They act as a cushion on the vagina

bulbospongiosus  
عشان شئ ما تتقوى  
occur congestion

asc  
d

**4-1 The incorrect statement regarding the cervix**

- a- The TZ lies between the ectocervix and endocervix
- b- The histological os lies between endocervix and endometrium
- c- The cervical glands produce alkaline secretion
- d- Produces thick scanty discharge at ovulation
- e- Covered by peritoneum of Douglas pouch posteriorly

d

**5-1 Best management for such patient is**

Slide في  
الفتحة  
↓  
rectum  
↓  
C. Speculum

- a- Kegel's exercise
- b- Smith Hodge pessary
- c- Anterior repair
- d- Classical repair of cystocele
- e- Vaginal hysterectomy

Not exit's large  
Conservative for mild  
Sim's Speculum.

**5-2 The incorrect statement as regard 2<sup>nd</sup> degree uterine prolapse**

- a- May be treated by abdominal sling in young age
- b- May be treated by vaginal hysterectomy in old age
- c- May be associated with polymenorrhagia
- d- Is also known as complete procidentia
- e- Causes sacral backache

d

**6- The following statements about the arrow are true except**

MC - rounded lig.

- a- Have a major role in uterine support
- b- Both uterine artery and ureter pass within it
- c- Have a major role in maintaining position
- d- Originates from the White line in the lateral pelvic floor
- e- Forms the base of the broad ligament

Cardinal.



**7- All the following statements regarding the isthmus are true, except**

- a- Forms the lower uterine segment in pregnancy
- b- Lies between anatomical os above and histological os below
- c- Is covered anteriorly by adherent peritoneum (Loose)
- d- Is lined by columnar epithelium of endometrium →
- e- Is present in the upper part of cervix

US  
LUS  
US  
end. cavity

**8- As regard this site, all are true except** (ampullary part)

- a- Is the commonest site of fertilization
- b- Is the commonest site of extra-uterine pregnancy
- c- May rupture intra or retro-peritoneal (in broad lig)
- d- Is totally covered by peritoneum
- e- Is lined by partially ciliated and secretory columnar cells

ectopic  
by peritoneum  
interstitial  
Lower edge  
ampulla  
Fimbriae

**9- As regard normal adult ovary**

- a- Normally have corrugated surface has sulci & gyri
- b- May be polycystic in 5% of population
- c- Are covered partially by peritoneum
- d- Functional cysts are the commonest ovarian swelling
- e- Corpus L. cyst is the commonest ov. swelling during pregnancy

ovulation  
occur → heals by  
fibrosis

PCO: 25% of Sonar

**10- Factors maintaining normal uterine position include all, except**

- a- Uterosacral ligaments
- b- Ovarian ligaments
- c- Round ligaments
- d- Pelvic floor ms
- e- Apposition of pelvic organs

**11- The structure within that canal is** (Caudal canal, CALCOCK canal)

- a- Uterine artery
- b- External pudendal vs
- c- Ureter
- d- Internal pudendal vs and ns
- e- Internal iliac vs

**12- All the following changes occur at this level except** (ischia spine)

- a- The fetus turns its axis
- b- The ureter changes its direction
- c- Above it, the head is station +2
- d- Below it, there is uterine prolapse
- e- The level of least pelvic dimension



**13- The urogenital diaphragm**

- except urogenital D = من الاغشيه  
anal D = من الشفاه
- a- Is composed of 2 triangles
  - b- Have the bi-tuberos diameter as a common base
  - c- The urogenital triangle carries the urethral & vaginal opening
  - d- Assessed during labor by internal pelvimetry (external pelvimetry)
  - e- The anal triangle is bound by sacrotuberous & sacrospinous lig

**14- About that ligament, all is true except:**

uterosacral

- a- It is inserted at the mid-sacral pieces
- b- It leads to backache in active stage of labor
- c- The ureter passes through it
- d- The rectum passes through it
- e- It may be used as a sling in uterine prolapse

**15- All about this structure is true except**

ureter

- wolffian duct  
ureteric bud
- a- It passes within Mackenrodt's lig
  - b- It is developed from the paramesonephric duct (mullerian duct) (paramesonephric duct)
  - c- It passes below the uterine artery
  - d- It may be injured during IIA ligation
  - e- It may be injured during cervical tears (ureteric bud)

**16-1 All about this structure is true except**

pudendal N

- ontipofischeal sine (pud. N block)
- a- Pierces the levator ani from its inferior surface
  - b- Passes with the external iliac vs within the Alcock's canal (int. pud vs)
  - c- Originates from S 2,3,4
  - d- Can be blocked vaginally (pud. Nerve block)

**16-2 All the following about levator ani except**

- www.IAIM.NET
- a- Covered by both superior & inferior pelvic fascia
  - b- Have a major role in labor
  - c- Supplied only by pudendal nerve (has double Nerve supply)
  - d- Helps to increase intrabdominal pressure
  - e- Shares in the formation of perineal body

**17- The wrong statement about the left ovarian artery**

- below L2
- a- It is a branch of abdominal aorta just below renal a
  - b- It runs in the infundibulopelvic lig
  - c- Supplies a branch to the upper vaginal part
  - d- Supplies a branch to the ureter (common external iliac)
  - e- Its vein drains in the left renal vein (ovarian I. Scheal spine)



**18- Regarding vaginal blood supply, all are true except**

- a- Descending cervicovaginal a runs at 3 & 9 o'clock
- b- They are mainly branches from the internal iliac artery
- c- Vaginal hemorrhage may be stopped by packing
- d- Inferior rectal artery is a branch from internal pudendal
- e- Middle rectal artery is a branch from internal pudendal

(ant. division of int. iliac A)

**19- Regarding this breast, all are true except**

- a- Secondary mound persists
- b- Breast development occurs before menarche
- c- They are absent in Turner & testicular feminization synd
- d- Mostly if occurred before 8 years, is idiopathic
- e- Alveolar system development is due to progesterone

**20- If this is seen before 8 years, all these inv are correct except**

- a- FSH, LH
- b- Pelvic US
- c- CT Brain
- d- Hand X-ray
- e- Chest X-ray

**20- If this is seen before 8 years, all are correct except**

- a- Patient may not be ovulating
- b- McCune Albright syndrome may be a cause
- c- Mostly due to ovarian granulosa cell tumor
- d- Mostly due to familial and idiopathic causes
- e- FSH and LH may be low

**21-1 All regarding this hormone is correct LH**

- a- It is a water soluble glycoprotein → detect urine
- b- Ovulation occurs 32-40 hours after its rise
- c- Needs another smaller FSH rise → to P its receptor
- d- Is low in pregnant females → and LH surge
- e- Is low in postmenopausal females

EOP ↓, so PLH, FSH

(human menopausal gonadotroph)

prolactin  
↓  
all cond. soluble

**21-2 All about this hormone (star) is correct except**

- a- Produced only from the corpus luteum, placenta, supra-renal gland
- b- May be low in patients with recurrent abortion (CCT)
- c- May be given to treat dysfunctional bleeding
- d- May act as a contraceptive POP, POPV, are
- e- Makes cervical discharge viscid & scanty



**22- About this structure (arrow), (All-Exc):** CL

- a- Persists in pregnancy for 10-12 weeks
- b- Produces estrogen, progesterone, HCG → From trophoblast
- c- May be mistaken with undisturbed ectopic pregnancy
- d- Produces secretory changes in the cervical lining (progesterone → vesicle)
- e- If degenerates earlier leads to premenstrual spotting

**23-1 As regard this hormone (arrow) (All-Exc):** estrogen FSH

- a- May be used to treat infertile patients (Follicle growth)
- b- May be used to diagnose menopause > 25-40 m 4 IU 1 mL
- c- Helps in oocyte growth and maturation
- d- Causes ovulation → LH
- e- May be produced from trophoblast

**23-2 As regard this hormone (star), (All-Exc):** estrogen

- a- Estrone is the postmenopausal estrogen ( $E_1$ )
  - b- Is high in PCO but No progesterone, FSH
  - c- Is low in Turner Streak gonads
  - d- Is high in Mullerian agenesis (Normal)
  - e- Is high in pregnancy
- $E_2$  → CBP  
 $E_3$  → pregnancy

**24- As regard this structure (star), (All-Exc):** Ant. pituitary

- a- Lies behind optic chiasma → large → bitemporal Hemianopia
  - b- Has a blood supply from hypothalamus - Single blood supply
  - c- Galactorrhea may occur if having adenoma (50%)
  - d- Galactorrhea may occur if having empty sella
  - e- Secretes oxytocin & ADH
- pit. stalk  
inhibitory  
prolactin
- physiological  
galact.  
lactation

**25- Regarding this structure, all are true except**

- a) Is surrounded by both granulosa & theca
- b) Before ovulation, they are arrested in the prophase of 2<sup>nd</sup> meiotic division
- c) Growth is arrested in PCO (Androgen, ↓ FSH 1st)
- d) Menopause occur due to their exhaustion
- e) Mainly are found in the ovarian cortex

**26- As regard this structure, all are true except**

- a- It is surrounded by membrane granulosa
  - b- After ovulation, its fluid is found in Douglas pouch
  - c- It contains estrogen only → PCS → irritation Fimbria egg cell
  - d- It contains estrogen and androgen in PCO
  - e- It may lead to functional cyst if unruptured
- ovulated



**27- All the following about the ovary are true, except**

- f- They are found behind the broad lig
- g- Are not covered at all by peritoneum
- h- Ovarian artery passes through the mesovarium
- i- Are removed if enlarged in vesicular mole (after 2-3 mo) ↓ size
- j- May be enlarged during induction of ovulation (ovarian hyperstimulation)

**28- All about this phase is true except** Secretory phase

- a- Characterized by secretory vesicles
- b- Is absent in metropathia haemorrhagica (an-ovulation) → proliferative endometrium
- c- Is present in polycystic ovaries → No ovulation
- d- Is present in ectopic pregnancy (Mrs-stella-reactive)
- e- Is lagging more than 3 days in corpus luteum deficiency

**29- About these vessels, all are true except** Spiral

- a- Basal arteries are hormone insensitive
- b- Spiral arteries coils up to 8 times at menstruation
- c- They are present more in pregnancy
- d- They are present more in midline of uterus
- e- Post-menopause, they may bleed due to atrophy

**30- All the following statements are true except**

- a- Products 1,3,4 will form ligaments
- b- Remnants of "c" may form cysts within the broad ligament
- c- Bladder is only developed from the urogenital sinus
- d- Mullerian ducts are also called the paramesonephric ducts
- e- Lower 1/5 of the vagina is developed from the urogenital sinus

**31- All the following statements are true except**

- a- Incomplete canalization of the vaginal plate leads to imperforate hymen
- b- Cryptomenorrhea usually presents by pelvic/abdominal swelling, acute renal failure
- c- Annular hymen is the commonest form
- d- Failure of canalization of vaginal plate leads to transverse vag septum
- e- Lower 1/5 of the vagina is present in testicular feminization syndrome

**32- All the following about Gubernaculum is true except**

- a- Round lig is inserted in the labia majora
- b- Round ligament has a role in support (AVF)
- c- Ovarian ligament contains lymphatics
- d- Infundibulopelvic lig contains an artery
- e- Round lig raises an edge in the inferior layer of broad lig

**33- About this structure, all are true except** remnant

- a- They are vestigial remnants of mesonephric duct
- b- It may produce cyst in the broad ligament
- c- They produce vas deferens in males
- d- In the vagina they pass in the post wall (can't walk)
- e- They end at the clitoris in females



**34- The urogenital sinus gives the following except**

- a- Urinary bladder
- b- Skene's duct
- c- Lower part of the vagina
- d- The ureteric bud
- e- Bartholin's gland

**35- Imperforate hymen might present with the following except**

- a- Primary amenorrhea
- b- Cyclic menstrual molimina
- c- Acute retention of urine
- d- Abdominal mass
- e- Hypomenorrhea *amenorrhea*

**36- Bicornuate uterus might predispose to the following except**

- a- Recurrent PTL
- b- Primary amenorrhea *Menorrhagia*
- c- Recurrent oblique lie
- d- Retention of the placenta after delivery
- e- Menorrhagia

**37- Complications due to bicornuate uterus include the following except**

- a- Operative delivery
- b- Malpresentation
- c- PTL
- d- Placenta previa *de accreta*
- e- Abortion

**38- The following anomaly is commonly associated with Mullerian deformity**

- a- Cardiovascular system
- b- Renal system
- c- Digestive system
- d- Skeletal system
- e- Central nervous system

**39- Which nerve do not supply the vulva**

- a- Pudendal nerve
- b- Genital branch of genitor femoral nerve
- c- Lateral & posterior cutaneous nerve of the thigh
- d- Ilioinguinal & iliohypogastric nerves
- e- Obturator nerve

**40- The body of uterus drains in the following LNs except**

- a- Obturator
- b- Superficial inguinal (esp of Cornu)
- c- Femoral
- d- Sacral *uterosacral*
- e- External iliac



## Abnormal labor

(occiput post)

1- Which is expected with that fetal position (star) at the onset of second stage of labor

- a- Normal labor
- b- Prolonged labor
- c- Obstructed labor  $\Rightarrow$
- d- Uterine inertia
- e- None of the above

as 90%  
هلف الى اليمين  
كان ذكره هلقو لا سوية

2- Which of the following don't contribute in the causation of such condition (star)

- a- Anthropoid pelvis
- b- Android pelvis
- c- DOP
- d- Maternal kyphosis
- e- IUGK

3- The correct statement regarding DP

- a- The perineum is distended by the occipitofrontal diameter in DOP
- b- DTA is best managed by vacuum  $\Rightarrow$  حاقنة
- c- The progress of labor is not related to the degree of head flexion
- d- Android pelvis is a rare cause
- e- During labor 1/3 cases will rotate to OA

4- Which factor increase the failure of such technique  $\Rightarrow$  EC V

- a- Frank breech  $\Rightarrow$  early engagement
- b- Unengaged fetus
- c- Excessive amniotic fluid volume
- d- High parity
- e- Use of tocolytics

5- Which is the incorrect statement regarding that technique for delivery of aftercoming head of breech (star)

- a- The aim is to deliver the fetus while maintaining full flexion of fetal head
- b- The technique is not initiated until moulding of the head
- c- Traction is not applied on the fetal body
- d- That technique could be aided by suprapubic pr
- e- The technique is abandoned in the current obst practice

6- Which is the incorrect statement regarding that fetal malpresentation

- a- CS is the most suitable method for delivery
- b- There is a risk of associated CFMF
- c- There is a risk of associated contracted pelvis
- d- Is less common with PTL
- e- Is more common with twins

breech



7- The following statements regarding this presentation are <sup>face</sup> correct except

- a- It occurs 1/300 ← OP
- b- Mild degree of CPD is the commonest cause of 2ry face
- c- The engagement diameter equals the sub-occipito bregmatic in length
- d- 2ry face is common due to extension of OP leading to mento-ant position
- e- The commonest cause is hydrocephalus (anecephaly)

8- The following is a cause of such condition <sup>transverse lie</sup>

- a- Placental abruption
- b- Cervical dystocia
- c- Postterm pregnancy
- d- Grandmultiparity
- e- Gestational DM

9- Management of this condition is

- a- Internal podalic version & breech extraction
- b- ECV & forceps
- c- Assisted vaginal delivery
- d- ECV & ventouse vaginal delivery
- e- Upper segment Cesarean section

10- Regarding twin pregnancy, (Tru-Exc):

- a- Monozygotic twins usually have a single placenta
- b- Dizygotic twins have a familial trait
- c- Monozygotic twin rate are influenced by paternal factors X
- d- PIH is more common in twins
- e- Cephalo-cephalic presentation is the commonest presentation

11- Which is correct regarding such condition?

- a- Dichorionic-diamniotic occurs if division occurs after chorionic differentiation X
- b- Mono-ch-diamniotic occurs if cleavage of the embryo occurs after amnion differentiation X
- c- Conjoined twins results from early cleavage of the embryo in the 1st 3 days of conce 12 d
- d- Positive maternal FH is more important than 1ve paternal FH
- e- In human superfetation could occur while superfecundation never occurs

12- CPD in the absence of gross pelvic abnormality can be diagnosed by

- a- US
- b- A maternal stature < 150 cm
- c- Trial of labor
- d- X-ray pelvimetry
- e- Pelvic examination



**13- Effects of contracted pelvis on the fetus does not include**

- a- Caput succedaneum
- b- Over-moulding of the fetal head
- c- ICHge
- d- Fetal malformation
- e- Fetal death

**14- A case of obstructed labor with ant shoulder wedged behind the SP. Which is not a risk factor for such a case?**

- a- Previous history of such event
- b- Maternal DM
- c- Maternal hypertension
- d- Macrosomia
- e- Anencephaly

**15- When managing a shoulder dystocia, McRobert's maneuver**

- a- Relieves cord compression
- b- Is dangerous in the 2nd stage of labor
- c- Is a rapid technique to increase the available post pelvic diameters
- d- Increase the chance of changing an OA to OP presentation

**16- That blotted graph during labor is useful in all the following except**

- a- Early detection of abnormal progress of labor
- b- Estimation of rate of cervical dilatation
- c- Calculation of Bishop score
- d- Determining the need for augmentation of labor
- e- Early diagnosis of obstructed labor

**17- If this graph occurred, it means**

- a- Labor will occur
- b- Engagement have occurred
- c- Fetus is distressed
- d- Abdomen is pendulous
- e- None of the above

**18- That technique is helpful in the management of**

- a- Retained placenta
- b- Atonic PPHge
- c- Uterine subinvolution
- d- Puerperal infection
- e- Uterine prolapse



**19- Which is the incorrect statement regarding Brandt's Andrews method**

- a- There is no internal manipulations
- b- Manipulation starts only after placental separation
- c- Manipulation involves controlled traction on the umb cord
- d- Manipulation involves gentle elevation of the fundus
- e- It is used mainly to deliver a retained placenta

**20- The correct statement regarding this technique**

- a- Is performed using pudendal nerve block
- b- It is an indication for giving prophylactic antibiotics ✓
- c- Must be followed utero-vaginal pack for 24 hours
- d- Usually done by piece-meal extraction of the placenta
- e- Should be performed if placenta is failed to deliver within 10 min

**21- A woman delivers 4.5 kg infant with a midline episiotomy & suffers a 3rd degree tear. Inspection shows: which of the following structures is intact**

- a- Anal sphincter
- b- Perineal body
- c- Perineal muscles
- d- Posterior vaginal wall
- e- Rectal mucosa ✓

**22- The correct statement for 1ry PPHge**

- a- May occur at any time in the 1st wk after delivery X
- b- May occur with retained placental tissues
- c- The commonest cause is coagulation failure ✓
- d- It is less common with polyhydramnios
- e- It is commonly due to uterine inversion

**23- The following statement regarding rupture uterus are correct except**

- a- May occur during manual separation of the placenta
- b- During labor, may occur due to extension of old ex tear
- c- During preg, is almost always due to external trauma
- d- During preg, presents with APHge
- e- More common in MP than PG

**24- The incorrect statement regarding rupture uterus**

- a- More common in PG
- b- Is more common after USCS>LSCS
- c- Can occur in PG due to inappropriate use of oxytocin
- d- Its complete type is more common in the UUS
- e- Its % varies according to the standard of ANC

**25- All the following are lines of management in ut rupture in 38 yr pt except**

- a- TAH & BSO ✓
- b- Anti-shock measures
- c- Repair of the ruptured side
- d- Internal iliac artery ligation
- e- Exploration of the ureter



## Apple Obst Comp. (APHge)

1-a. Which is not a feature of such situation (star) Couvelaire uterus

- a- Abdominal pain
- b- Drained liquor
- c- Maternal distress
- d- Lax uterine muscles
- e- Obstructed labor

1-b. Such gross picture of the post surface of the uterus after CS is due to Couvelaire

- a- Severe abruptio placenta
- b- Placenta previa centralis
- c- Congenital malformation
- d- Obstructed labor

2- This hematoma (arrow) was found on inspection of the maternal side of the placenta after delivery. The risk factors for this condition don't include

- a- PET
- b- Smoking
- c- Iron deficiency anemia
- d- Chronic hypertension
- e- External trauma to the abdomen

3- The following are risk factors for placental abruption except

- a) Smoking
- b) Folic acid deficiency
- c) Preeclampsia
- d) History of threatened abortion
- e) Previous placental abruption

4- Complications of abruption placenta include, (Tru-Exc):

- a) Hemorrhagic shock
- b) Consumptive coagulopathy
- c) Acute renal failure dt pET
- d) Maternal mortality of 10%
- e) Increased fetal mortality if placenta is separated

5) The following are risk factors for placental abruption, (Tru-Exc):

- a) Smoking, folic acid deficiency
- b) Preeclampsia
- c) History of threatened abortion
- d) Previous placental abruption

6) In the ttt of severe accidental hge, the following should be performed

- A) Avoid vaginal examinations
- B) Confirmatory ultrasound scan
- C) Plenty of fluid replacement
- D) Uterine tocolytic agents
- E) Delivery by CS if FHS is distressed

واحدة فقط من ازاى اعطوها سواند  
اكيد هتوت



7) A 29-year old PG is admitted with a <sup>accidental hg</sup> painful APHge. BPr is 170/110 <sup>pst</sup> and the FHS is not heard. The following is done except?

- a
- A) Syntocinon followed by amniotomy (must be do ROM then oxytocin)
  - B) Fresh blood preparation
  - C) Central venous catheterization to measure pressure to assessment
  - D) Urinary catheter is inserted ← { hematuria → etc
  - E) Check D-dimers level { CS, coag, coagulopathy

8) Coagulation failure is an important complication of: except

- c
- A) Missed Abortion
  - B) Abruptio placenta
  - C) Placenta praevia
  - D) Amniotic fluid embolus
  - E) Gram-negative septicemia

9) Abruptio placentae is associated with a fall in except

- c
- A) Factor V & VIII
  - B) Fetal heart sounds
  - C) Fibrinogen degradation products
  - D) Blood clotting time
  - E) Blood flow to the cortical nephrons
1. Conservative treatment  
2. Allowance or trial of delivery  
3. Elective cesarean section  
4. Emergency cesarean section  
5. Cesarean hysterectomy

10- Correlate

- 4  
3  
1  
2  
2
- a) P. previa with severe bleeding & immature fetus
  - b) P. previa centralis accidentally discovered at 37 wks major degree.
  - c) Mild placental abruption, no fetal distress at 33 wks immature
  - d) Severe accidental hge., IUFD, cx 8 cm dilated
  - e) Placental edge 3 cm from cx internal os, presenting in labor (Low/low minor parietal degree)

11- As regards this condition (arrow), the following is true Total Pl pr

- c
- a) It is manifested by painful bleeding (painful)
  - b) The initial hge. is usually fatal
  - c) It may predispose to PPHge (retained)
  - d) Its incidence is unaffected by parity (inc. with parity)
  - e) Its incidence decreases with maternal age

12) Placenta praevia, (Tru-Exc):

- d
- A) is associated with an increased of fetal mortality (5%)
  - B) is associated with increased IUGR
  - C) if anterior, may be treated by classical CS (upper segment) maximal 30-34 wk
  - D) becomes symptomatic for the first time in labor in most of cases
  - E) is more common in multiparous old women



**13- The correct statement for p.previa**

- a) Classical CS is best performed for most cases
- b) Immediate hospital admission is indicated only in severe bleeding
- c) Clinical presentation with bleeding is usually before 28 wks (30-34 wks)
- d) Preterm labor is a rare associated problem
- e) Is more common in multiparous patients

**14- The true statement for such condition (arrow)**

Vas previa

- a- It is a common safe anomaly of the placental circulation
- b- It occurs with circumvallate placenta
- c- Bleeding is directly from the fetus
- d- Fetal mortality with VB is lower than CS
- e- Complications are mainly maternal

Placenta Succenturiata

Vallemtous Insertion of Cord

**15- As regards this situation (arrow), the correct statement is**

Vas previa

- a- Is usually manifested by recurrent bleeding
- b- Is a common cause of APLge
- c- Vaginal delivery is safe
- d- Condition must be excluded at RR by PV
- e- It can be diagnosed by US

by US: Colored doppler Show Vessels

**16- A diagnosis of severe (PET) in 37 wks with BPr 160/110 is supported by**

- a- Urine output of 1000 ml/24 hrs
- b- That physical sign on the slide
- c- Epigastric pain
- d- BPr of 160/110 at 8 wks in the same gestation
- e- A parity > 5

Conce Symptom it means complication (pathology)

**17- 26 yrs PG preg 8 wks. Her hands were swollen with loss of the normally seen tendons & bony prominences. Which is not a possible diagnosis?**

- a- Malnutrition
- b- Renal insufficiency
- c- PET
- d- Heart failure
- e- Liver cell failure

**18- Which is the correct statement regarding eclampsia**

- a- Postpartum eclampsia is more common than antepartum one
- b- The MMR is highest when it occurs antepartum
- c- Placental abruption is a recognized situation
- d- The pregnancy could be continued with proper medications
- e- DIC is not an associated hazard

Ant epar postpar

**19- A 30 yr PG 34 wks with BPr 170/100, headache, epig pain, blurring & 3+ proteinuria, BPP is 8/8, which one of the following is immediate response:**

- a- Start MgSO4 IV
- b- Perform an emergency CS
- c- Give Betamethazone to enhance fetal lung maturity
- d- Perform amniocentesis to assess fetal maturity



## Normal labor

### 1- The correct statement regarding the ant fontanelle (bregma)

- a- It is triangular in shape *diamond*
- b- It has boney floor *membr*
- c- Normally, posterior fontanelle is felt easier than ant one
- d- It lies lower than the posterior fontanelle in OP
- e- It lies lower than the posterior fontanelle in OA

(Lamboid) in shape

covered by membrane

close 18m

Post. fontanelle

Normally -

Sinaput Cant

above occip

(post)

(post)

d  
because head is  
deflexed.

### 2- Regarding the biparietal diameter of fetal head, (Tru-Exc)

- a- It is 9.5 cm
- b- If asynclitic head, it is 9 cm
- c- Is more than 10.2 cm in post-term
- d- When engaged, it is felt at the ischial spines *at pelvic brim*
- e- Extends from one parietal bone to the other

d  
at pelvic  
brim.

### 3- The correct statement regarding the fetal skull fontanelles

- a- They are 2 fontanelles *(6)*
- b- The posterior fontanelle is closed at 28 wks gestational age *at birth*
- c- The anterior fontanelle is closed at birth *1-5y*
- d- Neonatal birth I/S is done usually through the post fontanelle
- e- The ant fontanelle is diamond or lozenge in shape

6 Font

at birth

Ant

at birth

### 4- The suboccipito-bregmatic diameter

- a- Extends from below the occipital protuberance to ant end of bregma
- b- It is the diameter of engagement of the head in fully flexed OA
- c- It is also the diameter of engagement of the head in fully extended face
- d- It is the diameter distending the vulva when the head extends after crowning
- e- It is 11.5 cm

central

9.5cm

(central)

Submen

breg

(Sub occip

frontal)

### 5- Concerning the occipito frontal diameter, (Tru-Exc):

- a- It extends the occipital protuberance to the root of the nose
- b- It is the diameter distending the vulva in face to pubis delivery
- c- It is the diameter of engagement of the after coming head of breach
- d- It is 10 cm
- e- It is 11.5 cm



### 6- As regard the mento-vertical diameter, (Tru-Exc):

- a- It is the diameter of engagement of face presentation
- b- It is 13.75 cm
- c- It extends from the tip of chin to the vertical point
- d- It is larger than the largest diameter of pelvic inlet
- e- It is smaller than the thoraco-bregmatic diameter

18cm

13.75cm

a



**7- This star is the engaging diameter of**

- f- Extended at the OP position
- g- Presented by brow
- h- Fully flexed at OA position
- i- Extended at the OA position
- j- Presenting at the after coming head of breech

occipitofrontal  
(Face to pubis)

diameter of distended  
vulva after face to pubis  
delivery

**8- Regarding the pelvic cavity, (Tru-Exc):**

- a- It is bounded by pelvic brim above, plane of least pelvic dimen. below
- b- The plane of least pelvic dimen. is the site of internal rotation
- c- The plane of greatest pelvic dimen. is rounded in shape
- d- All of its diameters equal 12.5 cm
- e- Fetal head passes through it downwards & backwards

ischial spine.

plane of  
obst. outlet  
إلى بؤرة  
ischial  
spine

**9- Regarding the anatomical outlet, (Tru-Exc):**

- a- It is rounded in shape
- b- It is bounded laterally by the ischial tuberosity
- c- It is formed of both anterior and posterior sagittal planes
- d- According to Thom's dictum, it is less than 15 cm
- e- Extends anteriorly from SP till tip of coccyx

( $>15\text{cm}$ )  
contracted pelvic

**10- Regarding the android pelvis, (Tru-Exc):**

- a- Inlet is heart shaped
- b- Is also called funnel pelvis
- c- Usually head is right occipito anterior
- d- May lead to persistent occipito posterior
- e- Subpubic angle is less than 90 degrees



pelvic  
cavity  
Arch

**11- The correct statement regarding engagement**

- a- It is descent of the widest long diameter of presenting part below pelvic brim
- b- It occurs in the 2<sup>nd</sup> stage of labor in PG
- c- Cannot be assessed abdominally
- d- Is diagnosed when the fetal scalp reaches the ischial spines
- e- Is diagnosed when the fetal skull reaches the ischial spines

transverse diameter  
at pelvic brim

transverse

(36<sup>th</sup> - 37<sup>th</sup> wk)

can

skull

**12- The incorrect statement regarding fetal presentation**

- a- It is the part of the fetus that enters the maternal pelvis first
- b- It is not always cephalic
- c- In cephalic presentation, it is more common to be vertex
- d- In face presentation the head is completely extended
- e- The denominator is always the lowest part of the presenting area most prominent.

1st part  
felt by  
your P/V



**13- Which is the correct significance of this station**

station 0

- Station:
- a- It indicates zero progress in labor
  - b- It indicates that the lower bony part of fetal head is at ischial spines
  - c- It indicates that lowest part of fetal scalp has reached ischial spines
  - d- It means unengaged head
  - e- None of the above

**14- Engagement of the fetal head is documented when**

- a- The fetal head is inside the pelvis
- b- The presenting part is just above the level of ischial spines (Non engagement)
- c- The vertex is left OA
- d- The biparietal diameter pass through the pelvic inlet (Engaged)
- e- The fetal skull is fully flexed

**15- Which is the incorrect statement regarding that bony spines marked "arrow"**

ischial spine

- a- They make the beginning of the forward curve of the pelvis
- b- That are landmarks for pudendal nerve block
- c- They are particularly prominent in the normal pelvis (contracted pelvis, molar and lord).
- d- They help to assess station of the presenting part
- e- They lie at the level of the least pelvic dimension

**16- Criteria of normal labor include**

- a- Delivery by mid forceps X
- b- Spontaneous breech delivery X
- c- Delivery of a 39 wks fetus ✓
- d- Twin pregnancy, both delivered vaginally X
- e- Induction of labor by oxytocin at 40 wks X augmentation.

**17- Which of the following is not ccc of active phase of uterine contractions**

- a- They create 40 mmHg of pressure ✓
- b- They cause dilatation of the cervix ✓
- c- They cause thickening of the LUS ⇒ thinning
- d- They occur every 2 - 4 min ✓
- e- They may last for 45 sec ✓

**18- The correct statement for the first stage of labor**

- a- Lasts for max 8 hours in PG 1st / 12-16h PG 2nd
- b- Starts with true labor pain & end after delivery of the fetus Full dilatation ✓
- c- Latent phase is a part of the pre-labor pain Labor 3rd ✓
- d- It is preceded by cervical dilatation & effacement
- e- Active phase is ccc by increased rate of ex dil & descent of the presenting part



19- PG (24 yrs, with fully dilated cervix for 2 hours, head station is 1 cm above ischial spines with moulding of the skull and diffuse caput of fetal scalp. This patient is better delivered by obst.

- a- Forceps
- b- Vacuum
- c- Cesarean
- d- Internal podalic version then breech extraction
- e- Fundal compression with deep episiotomy

20- The following is not a sign of placental separation

- a- A gush of blood ✓
- b- Rise of the uterus in the abdomen ✓
- c- Painful uterine contraction ✗ < painless >
- d- Uterus becomes globular ✓
- e- Further protrusion of the umbilical cord from the vagina ✓

21- The incorrect statement for delivery of the placenta

- a- Placental separation is often by Schultz method ✓
- b- Duncan method is more liable for retained parts ✓
- c- The earliest sign is gush of blood ✓
- d- Normally it takes 1-2 hours in PG ✓
- e- Sign of placental separation is suprapubic bulge ✓

22- Advantages of prophylactic episiotomy include

- a- Less incidence of dyspareunia ✗ heats by fibrosis → dyspareunia
- b- Reduction of duration of the 2nd stage ✓
- c- Decreased blood loss ✗ (100-150 cc blood loss)
- d- Reduction of subsequent pelvic congestion ✗ include 500cc blood loss
- e- Avoid perineal discomfort during puerperium ✗

23- Advantages of median episiotomy include the following except

- a- Increased area of vaginal outlet to facilitate labor
- b- Less blood loss compared to medio-lateral one
- c- Avoidance of major perineal lacerations
- d- Decreased risk of injury of anal sphincter ✗
- e- Greater ease of repair compared to medio-lateral one

24- The incorrect statement for medio-lateral episiotomy

- a- More difficult to repair than median one
- b- Faulty healing is more common than median one
- c- Dyspareunia is more common than median one
- d- Extension to anal sphincter is more common than median one
- e- Blood loss is more than that following the median one



## 🍏 Obst Comp. (BI in early preg)

**1- Clinical data: mild vaginal bleeding, mild partial separation of the products of conception, cx is closed: most probably is?**

- a- Threatened abortion
- b- Inevitable abortion
- c- Incomplete abortion
- d- Missed abortion
- e- Anembryonic pregnancy

**2- First trimester abortion may be due to:**

- a- Inadequate progesterone production
- b- Class A1 DM (24-28wk) → descending manner (2nd trimester)
- c- Incompetence of the internal cervical os (Later on hydropes fetalis)
- d- RH -ve mother not receiving her anti-d
- e- Hypoplastic uterus ⇒ ascending manner

**3- Cervical incompetence, (Tru-Exc):**

- a- Is a common cause of 2<sup>nd</sup> trimester abortion
- b- May be congenital
- c- Is associated with previous instrumental delivery
- d- is diagnosed at follicular phase HSG ⇒ loss of waist in HSG / Post-menstrual ↓
- e- is associated with painful abortion

**4- The chromosomal abn. most often detected in 1<sup>st</sup> trim abort. is:**

- a- Turner syndrome.
- b- Polyploidy. 25%
- c- Autosomal monosomy. 15%
- d- Autosomal trisomy. 50%
- e- Unbalanced translocation.

**5- The following are clinical manifestations of double uterus except**

- a- habitual abortion
- b- dysmenorrhea
- c- menorrhagia
- d- dyspareunia
- e- premature delivery

**6- All of the following about listeria monocytogenes, (Tru-Exc):**

- a- It may cause also meningitis
- b- It can cause choriomanionitis without ROM
- c- It leads to preterm labor.
- d- Septic abortion may result
- e- It commonly leads to PID

→ listeriosis, meningitis  
Spontaneous abortion  
affect columnar epithelium  
do Chorio amniondis + intact membranes.



**7- A 12 wks preg undergoes an outpatient suction abortion. She returns 3 days later with temp 39.2, lower abdominal cramps, vag bleeding. The uterus is tender on examination. Appropriate therapy should include:**

- A) culture & Gram stain of the endocervix.
- B) culture of venous blood
- C) antibiotic therapy.
- D) Methotrexate
- E) Exploration

**8- A 23-yr para 2 lady presents with abdominal pain. Her last menstrual period was 6 weeks ago, and a pregnancy test is positive. The specimen obtained at her laparotomy is most likely:**

- A) incomplete abortion
- B) missed abortion
- C) hydatidiform mole  $\Rightarrow$  Suction
- D) tubal ectopic pregnancy
- E) none of the above

**9- The following has proven benefit in recurrent abortions except**

- A) Baby aspirin
- B) folic acid
- C) Thyroxin
- D) Medroxy progesterone acetate (Provera)
- E) McDonald suture

**10- Lower abdominal pain in 1<sup>st</sup> 10 wks of pregnancy m.b.d.t except**

- A) acute appendicitis
- B) an ectopic pregnancy
- C) an impacted retroverted uterus
- D) acute salpingitis (No PID e/ pregnancy)
- E) spontaneous abortion

**11- Bleeding in early pregnancy could be caused by except**

- A) an ectopic pregnancy
- B) hydatidiform mole
- C) carcinoma of the ovary
- D) invasive carcinoma of the cervix
- E) cervical intraepithelial neoplasia

] Contact bleeding

**12- A patient with a missed abortion All true.**

- A) may presents complaining of appearance of breast discharge
- B) has a significant risk of uterine haemorrhage due to coagulopathy
- C) will develop a septic abortion if uterus is not emptied
- D) usually has a uterus smaller than would be expected from her dates.
- E) often presents with a brown vaginal discharge



**13- In ectopic pregnancy:**

- a- Bleeding precedes pain
- b- Shoulders tip pain is an important symptom (as 38% distal uterine)
- c- The isthmus of the tube is the commonest site of implantation
- d- The incidence is greater in women with IUCD
- e- Ultrasonic scan is of no help in diagnosis

**14- Which is the incorrect statement for that case**

- a- HCG is doubled every 48 hours
- b- Laparoscopy is the traditional standard method to confirm diagnosis
- c- Tubal pregnancy commonly presents with abdominal pain
- d- Medical conservative ttt is an option
- e- History of previous salpingitis is relevant

**15) The following features suggest a diagnosis of ectopic pregnancy:**

- A) amenorrhoea of 14 weeks
- B) Arias Stella reaction on endometrial histology (Not pathognomonic)
- C) average sized uterus
- D) heavy vaginal bleeding
- E) decidual tissue at curettage (No Villi)

**16- In ectopic pregnancy:**

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- D) The incidence is greater in women with IUCD
- E) Ultrasonic scan is of no help in diagnosis

**17- The following statement about ectopic pregnancy are true:**

- A) the ipsilateral ovary should be removed
- B) a tender adnexal mass strongly suggests the diagnosis
- C) the affected tube must be removed
- D) diagnostic laparoscopy should precede laparotomy
- E) negative culdocentesis for blood

**18- Ectopic pregnancy**

- A) is commoner in the left fallopian tube
- B) is commoner in IUD users than in patients using no contraception
- C) is associated with pelvic endometriosis
- D) is associated with tubal surgery for infertility
- E) is commonly ovarian



**19- When a patient collapses at home with a suspected ruptured ectopic pregnancy , (all-Exc):**

- A) the attending doctor should perform a vaginal examination to confirm the diagnosis
- B) the patient should be transferred to hospital for resuscitation
- C) transfer to hospital and immediate laparotomy is indicated
- D) intravenous ergometrine should be given.

**20- In the investigation of a suspected ectopic pregnancy except**

- A) an U/S scan is useful
- B) serum beta-HCG estimation is of value
- C) examination under anesthesia is essential  $\Rightarrow$  maybe rupture
- D) laparoscopy may be done
- F) the diagnosis is usually obvious from the history

**21- The following statements regarding V.mole are correct except**

- a- Usually have female karyotype
- b- May be complicated by thyrotoxicosis
- c- May be complicated by ovarian cyst
- d-  $\alpha$ -feto-protein is a good marker for disease post-evacuation (B-HCG)
- e- Is more prevalent in the advanced age group

**22- Indications for a methotrexate chemotherapy following evacuation of a VM usually include except**

- a- a rise in HCG titers
- b- plateau HCG titers for 3 successive weeks
- c- failure of HCG titers to return to normal 8 wks after evacuation 2-3 m
- d- appearance of liver or brain metastases
- e- rapid disappearance of theca lutein cysts

**23- 35 yrs old, G3P2 presented at 8 wks with mild vag bleeding for 3 days. She passes fleshy tissues per vagina presented on the slide. Further investigations don't include**

- a- Chest X-ray
- b- Amniocentesis
- c- Serum HCG levels
- d- Pelvic U/S
- e- CBC

**24- Which is not concluded in the routine management of VM**

- a- HCG level determination
- b- Pelvic examination
- c- Contraception
- d- Chest x-ray
- e- Chemotherapy